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## NOTICE OF ALLOWANCE AND FEE(S) DUE

46019 7590 07/15/2009

BRYAN CAVE LLP  
TWO NORTH CENTRAL AVENUE, SUITE 2200  
PHOENIX, AZ 85004

EXAMINER

FRENEL, VANEL

ART UNIT

PAPER NUMBER

3687

DATE MAILED: 07/15/2009

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/990,123

11/21/2001

Albert R. DiPiero

0185418

2798

TITLE OF INVENTION: HEALTH PLAN MANAGEMENT METHOD AND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	10/15/2009

**THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.**

**THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.**

### HOW TO REPLY TO THIS NOTICE:

#### I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

**IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.**

# **PART B - FEE(S) TRANSMITTAL**

**Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

46019 7590 07/15/2009

**BRYAN CAVE LLP**  
TWO NORTH CENTRAL AVENUE, SUITE 2200  
PHOENIX, AZ 85004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## **Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/990,123 11/21/2001 Albert R. DiPiero 0185418 2798

TITLE OF INVENTION: HEALTH PLAN MANAGEMENT METHOD AND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$755 \$300 \$0 \$1055 10/15/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FRENEL, VANEL 3687 705-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 \_\_\_\_\_
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 \_\_\_\_\_
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s); (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_

Registration No. \_\_\_\_\_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,123	11/21/2001	Albert R. DiPiero	0185418	2798
46019	7590	07/15/2009	EXAMINER	
BRYAN CAVE LLP TWO NORTH CENTRAL AVENUE, SUITE 2200 PHOENIX, AZ 85004			FRENEL, VANEL	
			ART UNIT	PAPER NUMBER
			3687	
DATE MAILED: 07/15/2009				

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b) (application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 875 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 875 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (<http://pair.uspto.gov>).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

<b>Notice of Allowability</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/990,123	DIPIERO ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	VANEL FRENEL	3687	

**-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--**

All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. **THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS.** This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

1. ☒ This communication is responsive to 3/30/09 and Examiner's Amendment.
2. ☒ The allowed claim(s) is/are 2-13, 15, 16 and 41-52.
3. ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
  - a) ☐ All    b) ☐ Some\*    c) ☐ None    of the:
    1. ☐ Certified copies of the priority documents have been received.
    2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_.
    3. ☐ Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).

\* Certified copies not received: \_\_\_\_.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.

**THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.**

4. ☐ A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
5. ☐ CORRECTED DRAWINGS ( as "replacement sheets") must be submitted.
  - (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached
    - 1) ☐ hereto or 2) ☐ to Paper No./Mail Date \_\_\_\_.
  - (b) ☐ including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date \_\_\_\_.

**Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).**
6. ☐ DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

**Attachment(s)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Notice of References Cited (PTO-892)</li> <li>2. <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)</li> <li>3. <input checked="" type="checkbox"/> Information Disclosure Statements (PTO/SB/08),<br/>Paper No./Mail Date <u>20050225, 20080213, 20061213, 20071005, 20060612, 20050118, 20020417, 20021104.</u></li> <li>4. <input type="checkbox"/> Examiner's Comment Regarding Requirement for Deposit of Biological Material</li> </ol> | <ol style="list-style-type: none"> <li>5. <input type="checkbox"/> Notice of Informal Patent Application</li> <li>6. <input type="checkbox"/> Interview Summary (PTO-413),<br/>Paper No./Mail Date ____.</li> <li>7. <input checked="" type="checkbox"/> Examiner's Amendment/Comment</li> <li>8. <input checked="" type="checkbox"/> Examiner's Statement of Reasons for Allowance</li> <li>9. <input type="checkbox"/> Other ____.</li> </ol> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## **DETAILED ACTION**

### **EXAMINER'S AMENDMENT**

1. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it **MUST** be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Attorney Walter Opaska on June 30, 2009.

This listing of claims will replace all prior versions and listings of claims in this application.

### **AMENDMENTS TO THE CLAIMS**

In accordance with 37 C.F.R. §1.121(c), please amend the claims as indicated in marked-up form below, where additions are underlined and where deletions are struck through.

1. (Cancelled without Prejudice).
2. (Previously Amended) The method of claim 15, wherein the given time period comprises at least one of a group consisting essentially of a day, a week, a month, and a year.

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3. (Previously Amended) The method of claim 2, wherein the defined contribution value, the selection allocation, the option cost, and the directed contribution amount are expressed in one or more units of currency.
4. (Previously Amended) The method of claim 15, further comprising presenting the directed contribution amount.
5. (Previously Amended) The method of claim 15, further comprising presenting a predicted contribution amount for the year-to-year accruable health spending account, the predicted contribution amount based on either the defined contribution value or the option cost.
6. (Previously Amended) The method of claim 15, wherein said directed contribution amount calculating step comprises subtracting the selection allocation from the defined contribution value.
7. (Previously Amended) The method of claim 6, further comprising:  
calculating a predicted contribution amount for the year-to-year accruable health spending account by subtracting the option cost from the defined contribution value; and  
presenting the predicted contribution amount.
8. (Previously Amended) The method of claim 6, further comprising:

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calculating an out-of-pocket premium cost for the premium option selection by subtracting the selection allocation from the option cost.

9. (Previously Amended) The method of claim 8, further comprising presenting the out-of-pocket premium cost.

10. (Previously Amended) A method of paying an insurance premium of an insurance policy covering a member of an employer-sponsored health plan, the insurance policy defining a payor having a premium account, the method comprising:

A) calculating the out-of-pocket cost in accordance with the method of claim 8;

B) transferring a first amount from member funds to the premium account, the first amount substantially equivalent to the calculated out-of-pocket premium cost; and

C) transferring a second amount from employer funds to the premium account, the second amount substantially equivalent to the selection allocation.

11. (Previously Amended) The method of claim 10, wherein said transferring steps B and C comprise a single financial transaction.

12. (Previously Amended) The method of claim 10, wherein said transferring steps B and C comprise distinct financial transactions.

13. (Previously Amended) The method of claim 10, wherein:  
the member funds are pre-tax; and



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said transferring steps B and C complies with section 125 of the Internal Revenue Code of 1986.

14. (Cancelled).

15. (Currently Amended) A method of funding a year-to-year accruable health spending account compliant with Section 105 of Internal Revenue Code of 1986, the year-to-year accruable health spending account is for a member of an employer-sponsored health plan, the method comprising:

determining a directed contribution amount in accordance with a process comprising:  
presenting an employer-funded defined contribution having a value for a given time period;

presenting at least one insurance premium option, the at least one insurance premium option defining an option cost for the given time period;

querying for a premium option selection based on the at least one insurance premium option, the premium option selection including a selection allocation less than or equal to the option cost;

receiving the premium option selection; and

calculating the directed contribution amount to the year-to-year accruable health spending account compliant with Section 105 of Internal Revenue Code of 1986 by subtracting either the selection allocation or the option cost from the defined contribution value;

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transferring a first amount from an employer funded account to the year-to-year accruable health spending account, the first amount substantially equivalent to the directed contribution amount determined in said determining step; and withdrawing a sum from the year-to-year accruable health spending account to reimburse the member for a medical expense,

wherein:

determining the directed contribution amount, presenting the employer-funded defined contribution, presenting the at least one insurance premium option, querying for the premium option selection, receiving the premium option selection, calculating the directed contribution amount, transferring the first amount, and withdrawing the sum are all performed using a computer system.

16. (Currently Amended) A method of funding a year-to-year accruable health spending account compliant with Section 105 of Internal Revenue Code of 1986, the year-to-year accruable health spending account is for a member of an employer-sponsored health plan, the method comprising:

determining a directed contribution amount in accordance with a process comprising: presenting an employer-funded defined contribution having a value for a given time period;

presenting at least one insurance premium option, the at least one insurance premium option defining an option cost for the given time period;

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querying for a premium option selection based on the at least one insurance premium option, the premium option selection including a selection allocation less than or equal to the option cost;

receiving the premium option selection; and

calculating the directed contribution amount to the year-to-year accruable health

spending account compliant with Section 105 of Internal Revenue Code of 1986 by

subtracting either the selection allocation or the option cost from the defined contribution value;

transferring a first amount from an employer funded account to the year-to-year

accruable health spending account, the first amount substantially equivalent to the

directed contribution amount determined in said determining step;

withdrawing a first sum from a flexible spending account to reimburse the member for a medical expense; and

withdrawing a second sum from the year-to-year accruable health spending account to

reimburse the member for a remainder of the medical expense when the first sum is

less than the medical expense,

wherein:

determining the directed contribution amount, presenting the employer-funded defined

contribution, presenting the at least one insurance premium option, querying for the

premium option selection, receiving the premium option selection, calculating the

directed contribution amount, transferring the first amount, withdrawing the first sum,

and withdrawing the second sum are all performed using a computer system.

17-40. (Canceled).

41. (Previously Presented) The method of claim 16, wherein the given time period comprises at least one of a group consisting essentially of a day, a week, a month, and a year.

42. (Previously Presented) The method of claim 41, wherein the defined contribution value, the selection allocation, the option cost, and the directed contribution amount are expressed in one or more units of currency.

43. (Previously Presented) The method of claim 16, further comprising presenting the directed contribution amount.

44. (Previously Presented) The method of claim 16, further comprising presenting a predicted contribution amount for the year-to-year accruable health spending account, the predicted contribution amount based on either the defined contribution value or the option cost.

45. (Previously Presented) The method of claim 16, wherein said directed contribution amount calculating step comprises subtracting the selection allocation from the defined contribution value.

46. (Previously Presented) The method of claim 45, further comprising:

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calculating a predicted contribution amount for the year-to-year accruable health spending account by subtracting the option cost from the defined contribution value; and presenting the predicted contribution amount.

47. (Previously Presented) The method of claim 45, further comprising:  
calculating an out-of-pocket premium cost for the premium option selection by  
subtracting the selection allocation from the option cost.

48. (Previously Presented) The method of claim 47, further comprising presenting  
the out-of-pocket premium cost.

49. (Previously Presented) A method of paying an insurance premium of an  
insurance policy covering a member of an employer-sponsored health plan, the  
insurance policy defining a payor having a premium account, the method comprising:  
calculating the out-of-pocket cost in accordance with the method of claim 47;  
transferring a first amount from member funds to the premium account, the first amount  
substantially equivalent to the calculated out-of-pocket premium cost; and  
transferring a second amount from employer funds to the premium account, the second  
amount substantially equivalent to the selection allocation.

50. (Previously Presented) The method of claim 49, wherein said transferring steps  
B and C comprise a single financial transaction.

51. (Previously Presented) The method of claim 49, wherein said transferring steps B and C comprise distinct financial transactions.

52. (Previously Presented) The method of claim 49, wherein:  
the member funds are pre-tax; and  
said transferring steps B and C complies with section 125 of the Internal Revenue Code of 1986.

**Notice to Applicant**

2. This communication is in response to the Amendment filed on 3/30/09 and the Proposed Examiner's Amendment submitted on June 30, 2009. Claims 1, 14, and 17-40 have been cancelled. Claims 15 and 16 have been amended. Claims 2-13, 15-16, and 41-52 are pending.

***Allowable Subject Matter***

3. Claims 2-13, 15-16, 41-52 are allowed. The following is an examiner's statement of reasons for allowance and light of Applicant's arguments.

Independent claims 15, 16 are directed to "transferring a first amount from an employer funded account to the year-to-year accruable health spending account, the first amount substantially equivalent to the directed contribution amount determined in said determining step; and withdrawing a sum from the year-to-year accruable health spending account to reimburse the member for a medical expense,

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wherein:

determining the directed contribution amount, presenting the employer-funded defined contribution, presenting the at least one insurance premium option, querying for the premium option selection, receiving the premium option selection, calculating the directed contribution amount, transferring the first amount, and withdrawing the sum are all performed using a computer system.

The closest prior art of record: Lencki et al (2002/0049617) discloses system and method for facilitating selection of benefits.

Khan et al. (2002/0184148) discloses system for web-based payroll and benefits administration.

Raskin et al. (2001/0037214) discloses method and system for controlling an employer's healthcare costs while enhancing an employee's healthcare benefits.

However, the combination of Lencki, Kahn, Raskin and Schoenbaum fails to teach or suggest "transferring a first amount from an employer funded account to the year-to-year accruable health spending account, the first amount substantially equivalent to the directed contribution amount determined in said determining step; and withdrawing a sum from the year-to-year accruable health spending account to reimburse the member for a medical expense,

wherein:

determining the directed contribution amount, presenting the employer-funded defined contribution, presenting the at least one insurance premium option, querying for the premium option selection, receiving the premium option selection, calculating the

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directed contribution amount, transferring the first amount, and withdrawing the sum are all performed using a computer system", as recited in claims 15 and 16 above.

Claims 2-13 and 41-52 incorporate the features of claims 15 and 16 through their dependencies, and are also allowed for the same reasons given above.

The drawings filed on 2/21/02 have been acknowledged and considered by the Examiner.

4. Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

### ***Conclusion***

5. Any inquiry concerning this communication or earlier communications from the examiner should be directed to VANEL FRENEL whose telephone number is (571)272-6769. The examiner can normally be reached on 6:30am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Matthew S. Gart can be reached on 571-272-3955. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.



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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Vanel Frenel/  
Examiner, Art Unit 3687

July 3, 2009